***The validity of the TDR Credit Certificate issued by the County shall be contingent upon the truthfulness and accuracy of the information included in this application.***

# I. APPLICANT INFORMATION (SELLER)

NAME(S) OF tDR CERTIFICATE OWNER:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | |
| **Address** |  | | | | |
| **City** |  | **State** |  | **ZipCode** |  |
| **Phone** |  | | | | |
| **Fax** |  | | | | |
| **Email** |  | | | | |

NAME OF AGENT (if applicable):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | |
| **Address** |  | | | | |
| **City** |  | **State** |  | **ZipCode** |  |
| **Phone** |  | | | | |
| **Fax** |  | | | | |
| **Email** |  | | | | |

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# II. NEW OWNER INFORMATION (BUYER)

NAME(S) OF NEW OWNER:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | |
| **Address** |  | | | | |
| **City** |  | **State** |  | **ZipCode** |  |
| **Phone** |  | | | | |
| **Fax** |  | | | | |
| **Email** |  | | | | |

NAME OF AGENT (if applicable):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | |
| **Address** |  | | | | |
| **City** |  | **State** |  | **ZipCode** |  |
| **Phone** |  | | | | |
| **Fax** |  | | | | |
| **Email** |  | | | | |

****

# III. TDR’s TO BE TRANSFERRED

(Use separate page for each Certificate No.)

|  |  |
| --- | --- |
| From Certificate No.: |  |
| Original AR # or Project# |  |
| Original Issue Date: |  |
| Date of Transfer: |  |

TDR Credit Numbers to be transferred

*List each TDR Credit Number below. State “****ALL****”, if all credits from this Certificate will be transferred.*

|  |  |  |  |
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# Iv. APPLICATION CHECKLIST

|  |  |
| --- | --- |
|  | Original TDR Certificate(s) from which this transfer is made |

|  |  |
| --- | --- |
|  | Copy of Contract of Sale or Bill of Sale establishing consideration paid for Base TDR credits, unless related |
|  | parties (if so, explain below) |
|  | If either party is an entity, attach Evidence of Authority. (Signature required of the TDR Certificate Owner) |
|  |  |
|  | Application fee in the amount of $250.00 made payable to the Collier County Board of County Commissioners |
|  |  |
|  | If Original Certificate cannot be located, please complete *LOST TRANSFER OF DEVELOPMENT RIGHTS* |
|  | *CERTIFICATE AFFIDAVIT* (Form TDR-5) and *RELEASE OF LOST TRANSFER OF DEVELOPMENT RIGHTS CERTIFICATE (Form TDR-5B), if applicable.* |

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# v. ADDITIONAL NOTES OR INFORMATION (Optional)

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| --- |
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# VI. totals

|  |  |
| --- | --- |
| Number of Certificates involved in Transfer |  |
| Number of Base TDR’s Transferred |  |
| Number of Bonus TDR’s Transferred |  |
| Total TDR’s Transferred | **0** |
| Consideration Paid | **$** |

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# VII. document delivery

|  |  |
| --- | --- |
|  | Mail to Seller, Return Receipt Requested, OR |
|  |  |
|  | Pick up at Growth Management Division (GMD), OR |
|  |  |
|  | Hold at GMD, apply to SDP or project previously submitted: Project #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

****

# VIII. AUTHORIZATION Owner (seller)

By my signature below, I hereby certify that the information provided herein is true and correct and that I am the legal owner of the TDR’s identified above.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  | Date |
| Signature of Owner(s) |  |  |

|  |  |
| --- | --- |
| State of: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| County of: |  |

The foregoing instrument was acknowledged before me this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ Day Month Year

By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is personally known to me or

Name of person acknowledging

who has produced the following:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as identification.

Type of Identification

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public

Signature of Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Notary Typed, Printed or Stamped including Commission No.

NOTICE – BE AWARE THAT:

Florida Statute Section 837.06 – False Official Statements Law states that:

“Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided by a fine to a maximum of $500.00 and/or maximum of a sixty day jail term.”

****

# Ix. AUTHORIZATION buyer

By my signature below, I hereby certify that the information provided herein is true and correct.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  | Date |
| Signature of Buyer(s) |  |  |

|  |  |
| --- | --- |
| State of: | Florida |
| County of: |  |

The foregoing instrument was acknowledged before me this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ Day Month Year

By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is personally known to me or

Name of person acknowledging

who has produced the following:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as identification.

Type of Identification

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public

Signature of Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Notary Typed, Printed or Stamped including Commission No.

NOTICE – BE AWARE THAT:

Florida Statute Section 837.06 – False Official Statements Law states that:

“Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided by a fine to a maximum of $500.00 and/or maximum of a sixty day jail term.”

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X. LETTER OF AUTHORIZATION FOR TDR APPLICATION

(Required if OWNER is represented by an agent)

**TO WHOM IT MAY CONCERN:**

I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to serve as my Agent

(Name of Owner’s Agent – typed or printed)

in an application for the transfer of ownership of the TDR Certificates as identified in the Application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Owner(s) of Record)

I hereby certify that I have the authority to make the foregoing application, and that the application is true, correct and complete to the best of my knowledge.

AGENT:

|  |  |
| --- | --- |
| Signature:: |  |
| Print Name: |  |
| Date: |  |

OWNER:

|  |  |
| --- | --- |
| Signature:: |  |
| Print Name: |  |

(Applicable to signature of **OWNER** only)

|  |  |
| --- | --- |
| State of: | Florida |
| County of: |  |

The foregoing instrument was acknowledged before me this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ Day Month Year

By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is personally known to me or

Name of person acknowledging

who has produced the following:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as identification.

Type of Identification

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public

Signature of Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Notary Typed, Printed or Stamped including Commission No.

NOTICE – BE AWARE THAT:

Florida Statute Section 837.06 – False Official Statements Law states that:

“Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided by a fine to a maximum of $500.00 and/or maximum of a sixty day jail term.”

****

XI. LETTER OF AUTHORIZATION FOR TDR APPLICATION

(Required if BUYER is represented by an agent)

**TO WHOM IT MAY CONCERN:**

I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to serve as my Agent

(Name of Buyer’s Agent – typed or printed)

in an application for the transfer of ownership of the TDR Certificates as identified in the Application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Owner(s) of Record)

I hereby certify that I have the authority to make the foregoing application, and that the application is true, correct and complete to the best of my knowledge.

AGENT:

|  |  |
| --- | --- |
| Signature:: |  |
| Print Name: |  |
| Date: |  |

BUYER:

|  |  |
| --- | --- |
| Signature:: |  |
| Print Name: |  |

(Applicable to signature of **BUYER** only)

|  |  |
| --- | --- |
| State of: | Florida |
| County of: |  |

The foregoing instrument was acknowledged before me this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ Day Month Year

By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is personally known to me or

Name of person acknowledging

who has produced the following:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as identification.

Type of Identification

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public

Signature of Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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